NOTIFICATION OF ASBESTOS REMOVALS: FEMP-94-006 AND FEMP-94-007

08/10/94

C:RP(RTS):94-0078

FERMCO HAMILTON COUNTY

5 LETTER



Restoration Management Corporation P.O. Box 398704 Cincinnati, Ohio 45239-8704 (513) 738-6200

August 10, 1994

U. S. Department of Energy Fernald Environmental Management Project Letter No. C:RP(RTS):94-0078

Mr. Bradley Miller Environmental Scientist Hamilton County Department of Environmental Services Air Quality Management 1632 Central Parkway Cincinnati, OH 45210 R-030-123.126

Dear Mr. Miller:

NOTIFICATION OF ASBESTOS REMOVALS: FEMP-94-006 AND FEMP-94-007

The enclosed Asbestos Demolition/Renovation Notifications are submitted in accordance with 40 CFR Part 61, Subpart M and the OAC 3745-20. These projects will be conducted as part of a Removal Action in accordance with the Consent Agreement, as amended, under CERCLA Sections 120 and 106(a.). The check to cover the required fee of \$100.00 each will be submitted under separate cover.

If you have any questions concerning these removals, please contact Ervin Fisher, of my staff, at (513) 738-6053.

Sincerely,

Stephen M. Beckman

Manager

Regulatory Technical Support

SMB:EF:mhv Attachments

cc: L. A. Fisher

P. B. Spotts, w/o attachment

AR Coordinator

File Record Storage Copy 108.6

RTS Files

OHIO ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF DEMOLITION AND RENOVATION				
Operator Project # Postmar FEMP-94-006	k	Date received	Notificatio	n #
I. TYPE OF NOTIFICATION:	Original	X Revised		Canceled
II. FACILITY INFORMATION: Owner Name: U. S. Department of Energy Telephone: (513) 648-3148 Address: DOE Field Office, Fernald Post Office Box 538705 City: Cincinnati State: OH Zip-code: 45253				
Removal Contractor: <u>Fern</u> Address: <u>FEMP, P.O. Box</u> City: <u>Cincinnati</u> Contact: <u>Ervin Fisher</u>	538704	State: OH		5253
Other Operator: (demoliti Address: <u>FEMP, P.O. Box 5</u> City: <u>Cincinnati</u> Contact: <u>Ervin Fisher</u>	38704	State <u>OH</u> Zip		53
III. TYPE OF OPERATION: (D= Demo	0=Ordere	d Demo R= Renovation	E=Emer. R	eno) R
IV. IS ASBESTOS PRESENT? (che	ck one)	YES	X NO	<u> </u>
V. FACILITY DESCRIPTION (Incl Building Name: <u>Fernald E</u> Address: <u>7400 Willey Rd.</u> City: <u>Fernald</u> Site Location (specific): <u>Facility Size</u> (Square feet) Present Use: <u>Site Remed</u>	nvironment State NAR Tower 6 Mill	al Management Project : OHIO County: Building No. 3D ion # of Floors:	Hamilto	n years: <u>39</u>
VI. PROCEDURE, AND ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Material assumed to be asbestos based on prior testing of similar material.				
VII. APPROXIMATE AMOUNT OF ASBES	TOS MATERI	ALS		
•	RACM To Be Removed	Nonfriable ACM Not to be Removed Cat I Cat II	Unit of Feet	measure Meters
Pipe	2800		Linear X	1
Surface Area			Square	
Volume RACM off Facility Components			Cubic	
VIII. DATES FOR ASBESTOS REMOVAL Hours of Operation: Shift Days of the Week: Mon. X	work, (6) Start: <u>08/29/94</u> :00 AM to 4:30 PM) ed. X Thur. X Fri.		/94 un. _
IX. SCHEDULE DATES DEMOLITION	OR' RENOVAT	ION: Start: <u>08/19/9</u>	<u>4 End: 1</u>	1/15/94

	OHIO ENV	IRONMENTAL P	PROTECTION	AGENCY	
Asbestos	Demolition	and Renovation	Notification	Form Page	2

	Asbestos Demolition and Renovation Notification Form Page 2 FEMP-94-006
х.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS(S) TO BE USED: Manual Removal.
	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Glove-bag w/negative air or full enclosure as required, HEPA vacuum, adequate wetting with amended water, material kept wet until collected, complete cleaning and lockdown, leak-tight containers.
XII	WASTE TRANSPORTER #1
	Name: Not presently contracted Address:
	Name:
	Address: City: State: Zip-code: Contact Person: Telephone:
XIII.	WASTE DISPOSAL
	Name: Nevada Test Site Address: P.O. Box 98518 City: Las Vegas State: NV Zip-code: 89193-8518 Contact Person: Telephone:
XIV.	EMERGENCY DEMOLITION Not applicable
XV.	EMERGENCY RENOVATION Not applicable
XVI.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER.
	All asbestos related work will stop until proper notification and controls are in place.
XVII.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF NESHAP (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE DURING NORMAL BUSINESS HOURS. Not applicable until 11/20/91
	Signature Date Type Name and Title
XVIII.	I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE:
···	Signature Date Type Name and Title

OHIO ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF DEMOLITION AND RENOVATION		
Operator Project # Postmark Date received Notification # FEMP-94-007		
I. TYPE OF NOTIFICATION: Original X Revised Canceled		
II. FACILITY INFORMATION: Owner Name: U. S. Department of Energy Telephone: (513) 648-3148 Address: DOE Field Office, Fernald Post Office Box 538705 City: Cincinnati State: OH Zip-code: 45253		
Removal Contractor:Fernald Env. Rest. Mgt. Corp.License #:Address:FEMP, P.O. Box 538704City:CincinnatiState:OHZip-code:45253Contact:Ervin FisherTelephone:(513) 738-6053		
Other Operator: (demolition/general) <u>Fernald Environmental Restoration Corp</u> Address: <u>FEMP, P.O. Box 538704</u> City: <u>Cincinnati</u> State <u>OH</u> Zip-code <u>45253</u> Contact: <u>Ervin Fisher</u> Telephone: <u>(513) 738-6053</u>		
III. TYPE OF OPERATION: (D= Demo O=Ordered Demo R= Renovation E=Emer. Reno) R		
IV. IS ASBESTOS PRESENT? (check one) YES X NO		
V. FACILITY DESCRIPTION (Include building name, number and floor number)		
Building Name: <u>Fernald Environmental Management Project</u> Address: <u>7400 Willey Rd.</u> City: <u>Fernald</u> State: <u>OHIO</u> County: <u>Hamilton</u> Site Location (specific): <u>Plant 3 Maintenance Building No. 3A</u> Facility Size (Square feet) <u>6 Million</u> # of Floors: Age in years: <u>39</u> Present Use: <u>Site Remediation</u> Prior Use: <u>Uranium Products Mfg.</u>		
VI. PROCEDURE, AND ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Material assumed to be asbestos based on prior testing of similar material.		
VII. APPROXIMATE AMOUNT OF ASBESTOS MATERIALS		
RACM Nonfriable ACM Unit of measure To Be Not to be Removed Feet Meters Removed Cat I Cat II		
Pipe 310 Linear X		
Surface Area		
Volume RACM off Facility Components		
VIII. DATES FOR ASBESTOS REMOVAL (MM/DD/YY) Start: <u>08/29/94</u> End: <u>10/27/94</u> Hours of Operation: Shift work, (6:00 AM to 4:30 PM) Days of the Week: Mon. X Tue. X Wed. X Thur. X Fri. Sat. Sun.		
IX. SCHEDULE DATES DEMOLITION OR RENOVATION: Start: 08/29/94 End: 11/15/94		

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OHIO ENVIRONMENTAL PROTECTION AGENCY

	Asbestos Demolition and Renovation Notification Form Page 2 FEMP-94-007
х.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS(S) TO BE USED: Manual Removal. Remove 530 sq. ft. of non-friable floor tile also.
XI.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Glove-bag w/negative air or full enclosure as required, HEPA vacuum, adequate wetting with amended water, material kept wet until collected, complete cleaning and lockdown, leak-tight containers.
XII.	WASTE TRANSPORTER #1
	Name: Not presently contracted
	Address: State: Zip-code: Talanhana:
	Contact Person: Telephone:
	WASTE TRANSPORTER #2
	Name:
	Address:
	City: State: Zip-code: Contact Person: Telephone:
XIII.	WASTE DISPOSAL
	Name: Nevada Test Site
	Address: P.O. Box 98518 City: Las Vegas State: NV Zip-code: 89193-8518
.=	Contact Person: State: NV Zip-code: S5155 5516
XIV.	EMERGENCY DEMOLITION Not applicable
XV.	EMERGENCY RENOVATION Not applicable
XVI.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER.
	All asbestos related work will stop until proper notification and controls are in place.
XVII.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF NESHAP (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE DURING NORMAL BUSINESS HOURS. Not applicable until 11/20/91
	Signature 08/10/94 Ervin Fisher Reg/Tech Specialist Type Name and Title
XVIII	. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE:
	Signature 08/10/94 Ervin Fisher Reg/Tech Specialist Type Name and Title
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